



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO

TREASURER AND TAX COLLECTOR

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

September 18, 2012

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

26 September 18, 2012

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

**DEPARTMENT OF TREASURER AND TAX COLLECTOR
REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)**

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement

IT IS RECOMMENDED THAT THE BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12641959 in amount of \$4,617.68
2. Account Number 12632189 in amount of \$26,913.37
3. Account Number 12166579 in amount of \$3,554.62
4. Account Number 12640519 in amount of \$4,751.36

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the

patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

Strategic Asset Management Principles Compliance

Not applicable.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

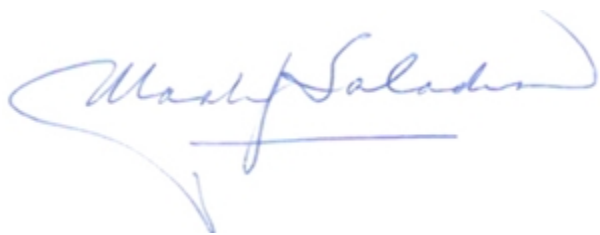
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No impact.

Respectfully submitted,



MARK J. SALADINO

Treasurer and Tax Collector

MJS:FR:efh

Enclosures

c: c: Chief Executive Officer
Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.120A

Amount of Aid	\$36,940.00	Account Number	12641959
Amount Paid	0.00	Name	Adult Female
Balance Due	36,940.00	Service Date	10/05/11 thru 01/15/12
Compromise Amount Offered	4,617.68	Facility	LAC USC Medical Center
Amount to be Written Off	\$32,322.32	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$36,940.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	80.20	80.20	0.53%
American Medical Response	1,748.97	700.00	4.68%
We Go Family Care Clinic	1,095.00	500.00	3.33%
County of Los Angeles	36,940.00	4,617.68	30.78%
Net to Client	N/A	4,102.12	27.35%
Total	\$44,864.17	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by her family. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.120B

Amount of Aid	\$109,476.00	Account Number	12632189
Amount Paid	0.00	Name	Adult Male
Balance Due	109,476.00	Service Date	10/05/11 thru 01/15/12
Compromise Amount Offered	26,913.37	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 82,562.63	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$109,476.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 45,000.00	\$ 45,000.00	45.00%
Attorney Cost	11,846.15	11,846.15	11.85%
Gary Chen, M.D.	4,550.00	2,500.00	2.50%
Nora Baladerian, PhD	5,500.00	4,000.00	4.00%
County of Los Angeles	109,476.00	26,913.37	26.91%
Net to Client	N/A	9,740.48	9.74%
Total	\$176,372.15	\$100,000.00	100.00%

Our financial investigation reveals that the client is unemployed and homeless. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.120C

Amount of Aid	\$12,934.00	Account Number	12166579
Amount Paid	0.00	Name	Adult Female
Balance Due	12,934.00	Service Date	12/27/09 thru 01/20/2010
Compromise Amount Offered	3,554.62	Facility	Olive View Medical Center
Amount to be Written Off	\$ 9,379.38	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at Olive View Medical Center at a cost of \$12,934.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$18,937.50 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,708.43	\$ 5,708.43	30.14%
Attorney Costs	999.31	999.31	5.28%
Robert S. Patterson, D.C.	2,005.00	550.00	2.90%
LA City Fire Department	790.00	216.66	1.15%
Granada Hills Radiology	770.00	215.93	1.14%
California Imaging	5,660.00	1,400.00	7.40%
Hekmat Orthopedics	1,562.50	428.12	2.26%
USC Hospital Medi-Cal	207.99	156.00	0.82%
County of Los Angeles	12,934.00	3,554.62	18.77%
Net to Client	N/A	5,708.43	30.14%
Total	\$30,637.23	\$18,937.50	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.120D

Amount of Aid	\$74,882.00	Account Number	12640519
Amount Paid	0.00	Name	Adult Male
Balance Due	74,882.00	Service Date	02/27/11 thru 08/15/11
Compromise Amount Offered	4,751.36	Facility	LAC USC Medical Center
Amount to be Written Off	\$70,130.64	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$74,882.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	261.00	261.00	1.74%
Healthpointe	2,549.49	161.64	1.08%
County of Los Angeles	74,882.00	4,751.36	31.68%
Net to Client	N/A	4,826.00	32.17%
Total	\$82,692.49	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his family. He has no other source of income or tangible assets.